

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

PRIVATE PROPERTY

LOCAL REPORT NO. 14-8378		OH-2 OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE	
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 5-18-14		DAY: SUN	
CRASH OCCURRED ON		IGA EXPRESS, 118 W. MAIN ST.		WITHIN THE INTERSECTION OF		TIME: MILITARY		12:48	
IF NOT IN INTERSECTION		N E S W		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE			
LOG-1		LOG-2		LOC JUR FH9 FILT					
A UNIT NO. 1		NO OF OCCUPANTS 2		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		PROGRESSIVE	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		TRUMP, DONNA G.		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		479 DREXEL CT.,		LEBANON, OH 45036	
PHONE NO. 513-292-5732		BIRTH DATE 8-10-60		AGE 53		SEX F		SOCIAL SECURITY NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME)		MARIE TRUMP		ADDRESS		SAME		PHONE	
VEH YR / 13		MAKE FORD		MODEL ESCAPE		COLOR GRN		STYLE SW	
STATE OH		LICENSE FWH 8409		TOWING SERVICE		VEH/PED DIR		FROM TO	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
8 UNIT NO. 2		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT		ALPHA INS.	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME)		DOUGLAS THOMPSON		ADDRESS		1415 VILLA CT., APT. 3		PHONE 513-393-4355	
VEH YR / 98		MAKE CADILLAC		MODEL DEVILLE		COLOR BRN		STYLE WS	
STATE OH		LICENSE PLATE NO. FTN 9371		TOWING SERVICE		VEH/PED DIR		FROM TO	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION	
ADDRESS		same		PHONE		SEX		A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		INJURIES	
ADDRESS				PHONE		SEX		A B C D E F	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		CONDITION	
ADDRESS				PHONE		SEX		A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		RESTRAINTS	
ADDRESS				PHONE		SEX		A B C D E F	
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL	
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F	
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F	
D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F	
RECEIVED CALL 1248		DISPATCHED 1248		ARRIVED 1248		CLEARED 1300		OTHER TIME	
DATE REPORT FILED 5-18-14		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME J. DEHLER		BADGE NO. 124		CHECKED BY	
1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 CHILD SAFETY SEAT 6 SHOULDER BELT USED 7 AIR BAG USED 8 USE NOT REPORTED		EJECTION A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		DRUGS A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	